## COUNTY OF KAUA'I LĪHU'E, HAWAI'I

## ROAD PERMIT

TO:		PERMIT NO.
ADDRESS:		DATE OF PERMIT:
DES	CRIPTION OF WORK WHICH PERMIT IS GRA	NTED:
DUR	ATION OF PERMIT	
Perm	nit is granted under the following conditions:	
1)	Best Management Practices shall be maintained	at all times;
2)	That you restore the said road to the original counderground structures, pipes, or telephone con-	onditions, repairing all damaged pavement, shoulder areas, and existing duits that may be damaged by you work;
3)	That you hold harmless and indemnify the County of Kaua'i from any and all liability and/or damage claims caused by or on account of the work you are performing; that you will assume responsibility for any and all liabilities that may arise on account of such work on the said road; that you will provide ample traffic caution signs or barricades for public safety at your expense at all times during the construction period, and that you attest that you have, either personally or through third parties, the financial resources to meet any and all damage claims which may arise from you work;	
4)	be opened at a time), flying of a broken stone	nt public inconveniences, such as stoppage of traffic (half of the road to e, leaving of loose stone or stones on the said road, slippery, muddy s flying of dust; and that you will place proper safeguard structures for
5)	That you will be responsible for any additional repair work necessitated, or any and all liabilities caused, by or on account of the settling of the backfill for such excavation; and that you will be responsible for any damages caused to existing underground structures by the flow of traffic over same;	
6)	That all work within the County right-of-way sh	nall confirm to all standards sat forth by the County of Kaua`i;
7)	That you will notify the County for inspectiona and Holidays, before commencing work on the	l services at least two (2) calendar days, excluding Saturdays, Sundays, construction project.
Conditions indicated hereinabove accepted:		CHIEF, DIVISION OF ENGINEERING
Signa	ature of Permittee	
Telep	phone No	
Date	of Acceptance:	